THE

Hindu Message

A Weekly Review of Indian and World-Problems from the Hindu Standpoint

Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

Vol. I. No. 44.] Registered No. M. 1304. THURSDAY, NOVEMBER 23—30, 1922 [Price: 1 Anna Annual Subscription Rs. 3.

Should A Doctor Tell ?

Result of Secrecy

When Lord Dawson of Penn, as spokesman for the British Medical Association announced his intention last January of raising in the House of Lords the question of medical privilege in the witness-box, it became known that Lord Birkenhead, then Lord Chancellor, was altogether opposed to the theory that doctors were bound in all circumstances, to keep secret facts they might have gained in their medical capacity.

Indeed, he went so far as to write and circulate among the Cabinet a memorandum on the subject and this memorandum has now been published as one of the essays in "Points of View."

Lord Birkenhead fully realises the importance of the issues raised. As he says, "No apology is necessary for raising the question which has been asked by Lord Dawson of Penn. Issues are involved in it which are of the gravest consequence."

Doctor and Patient

"Everyone," he admits, "will agree in the broad proposition that the relations between a doctor and his patient should be confidential. The only question which arises is as to the limits which should be set to this relation of confidence...

"Take the common case of the general practitoner who has become, through long use and habit, the friend of the household, who has perhaps some twenty years ago brought into the world the daughter who is the hope of the family. Suppose that he is in like relation to another household also, in which a boy of slightly greater age has been his patient for many years. Suppose that in the relation of doctor and patient he becomes aware that the boy is suffering from syphilis and has reached a stage at which his ultimate cure is at least doubtful, while as family friend the doctor learns that the boy and girl are engaged to be married. What course is he to take?"

Hidden Crime

The essay is full of such riddles, which to ordinary common sense seem capable of but one answer. He instances the case of a doctor who, arrested on a charge of murder, was found to have performed no fewer than 400 cases of abortion, and thus continues:

"It is obvious to anyone who has any experience of what usually happens in cases of this kind that very many of the women concerned must have come under the observation of other medical men in the course of their convalescence, and the condition of those women and the means whereby it had been procured must have become apparent to them. Between those women and those doctors there no doubt existed the relation of doctor and patient, and relying as they must have done upon this relation, not one of those doctors gave such assistance to the police as would have enabled them to take proceedings.

"This open shop for the performance of felony and murder might still have been in active operation but for the accident of this poor woman's death. When one thinks calmly of the many other deaths which must have ensued as a consequence of the operations on the 400 women concerned, when one thinks of the ruined health and shattered lives which could be traced, if we knew all the facts, to that one small East End surgery, one becomes impatient of a claim set up by a medical practitioner that he is entitled, under a plea of privilege, to neglect the obvious duty of a citizen and to abstain from giving to the proper authority information which would have saved many a life and put an end to a social pest."

Lord Birkenhead deals also with the question as to how far medical secrecy may influence a just decision in divorce cases. "A. B. files his petition for divorce, alleging adultery on the part of his wife with a man unknown, and supports his plea by the allegation that she has acquired syphilis and communicated it to him.

"The wife admits that she is infected, but she replies that her husband was the origin of the infection. The facts on which the reputation of these two parties depends are known to the doctor, and him alone. Let us assume, for the sake of argument, that the husband's story is true. Is he to be precluded from clearing himself from so infamous an allegation and be denied that relief to which, upon proof of the facts, he is justly entitled ? Let us assume, on the

other hand, that the wife's story is true. Is she to continue under the burden of this charge, when she can be cleared perhaps by a simple sentence from the doctor?"

Lord Birkenhead puts a series of searching questions to show, not only that common sense and good citizenship are sometimes opposed to a doctor's secrecy, but that the claim to secrecy is in itself by no means clear in certain instances. For example: "Does the claim extend to matters which are the result of the doctor's observation in the course of his treatment, or is it limited to direct communications made orally or in writing to him by his patient?"

A Retrograde Step.

And again, "Towards whom does the obligation exist? Where the patient is a husband or wife, does it subsist in respect of the other spouse? Where the patient is a child, does it subsist towards the child or the child's parents, and which, or both, of them? Where the patient is dead, does it still subsist, and if it still subsists towards the surviving relatives, is it releaseable by them? Does it subsist in relation to a lunatic who is a patient, and, if so, can it be released by the lunatic's relatives or committee?"

Lord Birkenhead pursues his subject relentlessly to a *reductio ad absurdum*. "Are the Christian scientist healer, the herbalist, the quack, the bone-setter, the chemist to be covered by the same doctrine as the doctor? If not, on what logical theory is the distinction to be based?"

Lord Birkenhead regards the doctrine of medical secrecy under every circumstances as a retrograde movement. "The whole tendency of our law for many years has been in the direction of opening the mouths of those who can assist the course of justice and not of closing them; in reducing those classes whose testimony, for whatever reason, cannot be accepted in a court of law rather than in increasing them, and in this, as in the other matters breaking down barriers of privilege for each of which perhaps before it fell a sturdy argument might be adduced...

"Now, to establish a class who may at their will assist or obstruct the judges in their work would be a retrograde step not justified by any argument that has been brought forward. These are the opinions not only of myself but of most men of experience in every branch of the law."

When a Doctor should Tell.

To ensure Justice.

Decided views on the question, Should a Doctor Tell? were expressed by Lieut-Col. Nathan Raw, M.D., President of the Tuberculosis Society of Great Britain, to a *Daily Mail* reporter, who asked him for his opinion on the opposition of Lord Birkenhead to the theory that doctors are bound in all circumstances not to divulge facts they learn about patients in their medical capacity.

Dr. Raw said "I agree that a doctor should tell in a court of justice where, under the direction of a judge, proper questions are put to him which it is necessary for the doctor to answer in order that the ends of justice may not be defeated.

"Apart from this the relations between doctor and patient should be kept as secret as possible. It is, for instance, no part of a doctor's business to inform the police of a case of attempted suicide where he is called upon to attend the patient. It would be infringing the sanctity of relations between doctor and patient.

"Even if a doctor overheard a patient in delirium confess to murder, I hold it would be a breach of etiquette and professional secrecy for him to inform the police unless another person were accused of the crime."

Marriage Problem.

Dr. Nathan Raw was asked for his solution of the problem cited by Lord Birkenhead of a doctor who is physician to two families. A boy in one of the families is engaged to a girl in the other and the boy has syphilis. Should the Doctor tell? Dr. Raw could only recommend silence on the part of the doctor regarding the complaint. "Of course," he said, "if the girl's parents asked him for medical advice as to the desirability of the marriage he could advise them not to sanction it without defining the boy's complaint.

"In my 25 years' experience of medical work," declared Dr. Raw, "I have never known a case where justice has been defeated through any action, or rather inaction, on the part of a doctor in regard to information he has acquired concerning a patient. For doctors to divulge such information would mean the end of all professional secrecy. That would be a great handicap medically, for a patient would cease to divulge to doctors information that often provides a valuable clue to the best treatment."

—*Ceylon Observer.*

Can A Doctor be Held Responsible?

Is a doctor to blame for the death of a patient, if the patient has deliberately told an untruth which leads him to make a wrong diagnosis?

That is the peculiar question which is being thrashed out at the Correctional Tribunal at Evreux, where Dr. Vallet is charged in connexion with the death of a widow, Mme Jouanne, in February, 1922.

Mme. Jouanne consulted Dr. Vallet, and the latter concluded that she was about to become a mother. Mme. Jouanne, however, indignantly denied this, protesting that she had been a widow for six years, and in view of her repeated denials Dr. Vallet diagnosed a tumour in the abdomen.

On operating on Mme. Jouanne for the supposed tumour, Dr. Vallet discovered to his horror that, suddenly and unprepared, he had to preform a Cesarean operation, and bring into the world a seven months child. The child lived, but the mother died.

At a previous hearing, Dr. Paul, the well-known medico-legal expert, gave as his opinion that the responsibility of Dr. Vallet was limited to a big error of diagnosis, but considered that this error was not a punishable mistake as defined in the law. He also considered that the woman, by concealing her condition, had contributed towards the doctor's mistake.

At the hearing Professor Faure, the famous surgeon, who has just returned from a trip to South America, gave evidence. Professor Faure, who defines a diagnosis as a "hypothesis which one follows and which proves to be correct in most cases but may be wrong," said that he did not think Dr. Vallet had committed any mistake with which he could be reproached. He considered that he did quite right in performing the Cesarean operation.

—*Daily Mail.*

Dengue Fever, Yellow Fever, and the "Stegomyia Fasciata" Mosquito.

1. During the past few weeks Madras City has experienced a fairly severe outbreak of '*Dengue Fever*,' a form of fever which though seldom fatal, is characterised by headache, severe pains in the back and in the bones of the limbs, and a mental and physical depression during convalescence altogether out of proportion to the brief period of the fever.

2. Recent research has proved that the infection of 'Dengue Fever' is spread by the bite of a mosquito called *Stagomyia Fasciata*, popularly known as the 'Tiger mosquito' or the 'Yellow Fever mosquito.' The first name has been given because of its striped appearance which makes it one of the most easily recognised members of the mosquito family. The second is a recognition of the fact that this mosquito is responsible for the spread of Yellow Fever. The present time seems to be opportune for making known a few facts concerning this mosquito, its habits and the methods to be adopted for its eradication.

The Stegomyia Mosquito.

3. The *Stegomyia Fasciata* is, above all, the domestic mosquito of the tropics, and is hardly ever found except in the immediate vicinity of human habitations. Its close connection with man has not only given it a wide distribution, but has enabled it to acquire the hablt of breeding in artificial receptacles on board ship, and this makes its transportation an easy matter. In contrast to most other mosquitoes it is particularly active in bright sunny weather, bites readily during the day, and rests during the night and in dull wet weather. Being domestic in its habits, the female *Stegomyia* lays her eggs in those collections of water found in or around the house, most commonly in receptacles used for storage of water, e. g., earthen-ware chatties, copper and brass pots, wooden tubs etc. The next most common breeding place is anti-formicas, the latter being the typical breeding place in European and Anglo-Indian houses, the former in Hindu and Muhammadan residences. Other breeding places include cement cisterns and tanks of small size, open cement drains, tins of all sorts, vases, flower pots, rain pipes, boxes, coconuts, holes in trees, bamboo-stumps, collections of water in flowers and leaf sheaths, in fact almost every conceivable place. Another important fact is that although the water in which the mosquito's eggs are deposited dries up, they can live in the dry state for months.

A Stegomyia Survey.

4. By order of the Malaria Board a survey was made in 1914 of the three ports of Madras, Negapatam and Tuticorin, and it was found that the *Stegomyia Fasciata* was widely distributed throughout these three towns. 'In Madras, the distribution ranged from the Harbour to the Lunatic Asylum and from Tondiarpet to Adyar. It is probably not too much to say that *Stegomyia* is actively breeding in every house and bungalow in Madras City. The report goes on to say that the Stegomyia mosquito 'seemed to be most numerous during the rainy months (October to December) but was never found to be scarce at any time, and may be taken as breeding actively the whole year round. The larvae of the mosquito were also found in about 20 per cent of all the wells in Madras. Similar conditions exist in every port in the Presidency and probably few realise that there are as many as one hundred and ten 'ports' dotted along our coast-line.

5. We therefore have wide-spread in our midst an agency which is the known carrier of Yellow Fever, and which also periodically gives rise to epidemics of Dengue. So far as is known 'Yellow Fever' does not exist in India, but with the opening of the Panama Canal, its introduction has been made much more likely.

Yellow Fever.

6. Yellow Fever is primarily a disease of hot countries, but it has periodically followed the tracks of sea trade routes from its endemic centres, and, where the necessary precautions are not taken, under modern conditions this becomes more and more probable. Its extension in a given place has been shown to depend on the prevalence of the *Stegomyia Fasciata*, which insect has been spread by commerce perhaps more than Yellow Fever itself.

Yellow Fever is contracted by man from the bite of this mosquito when it is itself infected by having previously fed on a person suffering from that disease. So far as our knowledge goes no other mosquito carries the infection of Yellow Fever.

7. The Yellow Fever Committee, which sat in Calcutta in February 1920 stated in its report that 'the prevalence of the mosquito *Stegomyia Fascita*, which transmits the Yellow Fever virus, and the existence of a susceptible population in the chief sea-ports of India, indicate that the introduction of this disease might be followed by sudden virulent epidemics.' The Committee also recognised the real danger which would result if, as is likely, infection spreads from the existing endemic areas in West Africa to the ports on the east coast of Africa all of which lie within easy distance of the ports on the west coast of India.

Preventive Measures.

8 Quarantine measures for preventing the entrance of infected men and infected mosquitoes have been taken by America, Australia and a number of other countries. Such measures however imply Government action and the Yellow Fever Committee expressed the opinion that 'the most effective method of protecting the ports of India from Yellow Fever is to keep them as free as possible from *stegomyia* mosquitoes.' The Americans in the Panama Canal Zone, have shown what can be done in this direction. This zone, once an endemic area with an enormously high death rate, has been converted into a healthy province with a death rate lower than many of the large towns in the United States. Such an achievement was only possible by instituting an organized campaign against mosquitoes, the local inhabitants being asked to give their assistance, and at the same time educated in what was being done for their benefit. No one will deny that mosquito control can best be carried out by a properly directed organisation working under a legally constituted sanitary authority. In the absence of such an organization or sanitary authority, however, a great reduction in the *stegomyia* population in the sea-port towns of Madras could still be effected, if each householder would regularly and systematically look for mosquito breeding places in his own house and compound. A number of possible breeding places has already been mentioned. Every conceivable breeding place, indeed every inconceivable breeding place,—should be examined about once a week or so for the wriggling larval

forms of the mosquito and with experience the chance of missing a possible breeding ground will become remote, if what is known as 'water tidiness' is aimed at. It must not be inferred that tremendous reduction in the numbers of *stegomyia* will at least be obtained. Scientists have proved that Malaria can be effectively controlled by reducing the mosquito population below a certain figure and the same methods applied to endemic, foci for Yellow Fever have also been entirely successful.

9. Dengue Fever we already know. From the deadly scourge of Yellow Fever, India has so far escaped. There is little to prevent it obtaining an entry, however, and once the disease were established, its control would, under existing circumstances, be impossible and the result would be catastrophic.

The most recently published book on the subject states, 'It is unnecessary to tell medical men what the result would be in so vast a population entirely non-immune to the disease. Has each of us done all he possibly could to avoid this calamity? If not, then each of us must bear some of the responsibility for it. If it comes, it will come in a flash. I pray we be not too late.'

—*Publicity Bureau.*

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Printed and Published by T. K. Balasubrahmanya Aiyar B. A. at the Sri Vani Vilas Press, Srirangam